

## STATE OF MONTANA

FOR BOARD USE ONLY



## DEPARTMENT OF LABOR AND INDUSTRY

## BOARD OF PERSONNEL APPEALS

DATE FILED: \_\_\_\_\_

CASE NO: \_\_\_\_\_

**UNILATERAL REQUEST FOR ASSISTANCE**

You are hereby notified that a labor dispute exists between the parties named in this request. You are further notified that assistance is requested from your office. A copy of this request has been served upon all parties named.

**INSTRUCTIONS:** SUBMIT ORIGINAL OF THIS REQUEST TO: THE BOARD OF PERSONNEL APPEALS, PO BOX 201503, HELENA, MT, 59620-1503. IF MORE SPACE IS REQUIRED FOR ANY ITEM, ATTACH ADDITIONAL SHEETS AND NUMBER ITEMS ACCORDINGLY. **(Print or type in black)**

1. NAME OF AUTHORIZED REPRESENTATIVE: **(Contact Name, Entity, Mailing Address, Telephone Number and Email Address)**

2. AFFILIATION: (If any)

3. NAME of PUBLIC EMPLOYER: **(Contact Name, Mailing Address, Telephone Number and Email Address)**

4. DESCRIPTION of UNIT:

5. RECOGNIZED or CERTIFIED LABOR ORGANIZATION AND AUTHORIZED REPRESENTATIVE:

6. DESCRIPTION OF DISPUTE: (in detail) **(attach additional sheets if necessary)**

7. ASSISTANCE REQUESTED: **(mediation, fact finding or arbitration of grievances)**

Name of official filing this request: \_\_\_\_\_  
Title: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ Address: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_